

1842

CONSTITUTION
OF THE
Medical Society
OF
SOUTH WESTERN N. Y.
TOGETHER WITH A
System of Medical Ethics and Fee Bill.

PUBLISHED FOR THE SOCIETY.

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1857.

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CONSTITUTION.

ARTICLE I.

Title of the Society.—The Title of this Society shall be THE MEDICAL SOCIETY OF SOUTH-WESTERN NEW YORK.

ARTICLE II.

Objects of the Society.—The objects of this Society shall be, the advancement of knowledge upon all subjects connected with the healing art; the cultivation of friendly feeling among its members; the elevation of the character, and the protection of the proper rights and interests of those engaged in the practice of medicine, and the study of the means calculated to render the Medical profession most useful to the public, and subservient to the great interests of humanity.

ARTICLE III.

§ 1. *Who may be Members.*—Any Physician or Surgeon, of good moral and professional reputation, who is a graduate of a respectable, regular medical college, or a licentiate of some approved medical institution, or a *regular* practitioner, of at least five years standing, may become a member of this Society; providing he practices, exclusively, legitimate medicine, and also providing, as a physician, he does not deal in patent instruments, remedies, or nostrums.

§ 2. Literary gentlemen may be elected Honorary Members of this Society, by a concurrence of a majority of the Members present at any regular meeting.

ARTICLE IV.

Officers.—The Officers of the Society shall be, a President, a Vice President, a Secretary, and a Committee of three. The said officers shall be chosen by ballot, at the anniversary meeting, and shall hold their offices one year, and until their successors are elected.

ARTICLE V.

§ 1. *Duties of Officers.*—The President shall preside at the meetings of the Society, preserve order, and perform such other duties as custom and parliamentary usage require. At the close of his term of office, he shall deliver a public address.

§ 2. The Vice President shall, when called upon, assist the President in the performance of his duties, and during his absence, or at his request, shall officiate in his place. He shall, also, at the first regular meeting of the Society succeeding his election, deliver a public address.

§ 3. The Secretary shall keep correct minutes of the proceedings of the Society, which, when approved by the society, he shall fairly transcribe in a book kept for that purpose. He shall receive from members their initiation fee and annual assessment; have charge of all papers belonging to the Society, and perform all duties usually pertaining to the offices both of Secretary and Treasurer.—He shall, also, deliver a public lecture at the second regular meeting of the Society succeeding his election.

§ 4. The Committee shall investigate any disagreement, which may occur between members, and endeavor to restore harmony, if possible. When a member is charged with an infringement of the regulations of the Society, it shall be the duty of the Committee to fully and impartially investigate the same, and, if they deem the charge well founded, to report the case to the Society at its next regular meeting, with their decision. It shall be the duty of the Chairman of said Committee to deliver a public address at the third regular meeting of the Society succeeding his election.

ARTICLE VI.

§ 1. *Meetings of the Society.*—The regular meetings of this Society shall be held on the first Wednesdays of February, May, August and November, of each year.

§ 2. The Anniversary meeting shall be held on the first Wednesday in May.

§ 3. The place of meeting shall be at Jamestown and Westfield, alternately.

§ 4. The President may call special meetings of this society, at the written request of eight of its members, stating the object of said special meeting.

ARTICLE VII.

§ 1. *Order of Business.*—The regular meetings of the Society shall be held at one o'clock, P. M.; at which hour the President, or in his absence the Vice President, or, in the absence of both, a Chairman *pro tempore* shall call the Society to order.

§ 2. At regular meetings, the business shall be in the following order:

- 1st. Reading the minutes of the last meeting.
- 2d. Admission of new members.
- 3d. Unfinished business, if any, shall be taken up.
- 4th. Presentation of Medical and Surgical cases.
- 5th. Reading Medical essays and reports of cases.
- 6th. Discussions upon the same.
- 7th. Report of Committees.

8th. Miscellaneous business.

9th. Supper.

10th. Address.

11th. Adjournment.

ARTICLE VIII.

Censure and Expulsion of Members.—If any Member shall violate the regulations of this Society, upon a charge against him being presented to the Committee, it shall be their duty to notify the accused member of the same; and if, after a due investigation, they consider the charge to be sustained, they shall report the case, with their decision, to the Society at its next regular meeting; notifying the accused member of the time when the said report is to be made. If the accused member shall fail to come forward and exculpate himself, he shall be reprimanded or expelled by a vote of two-thirds of the members present.

ARTICLE IX.

Code of Ethics.—This Society shall adopt, as a part of its regulations, binding upon all its members, the Code of Ethics adopted by the National Medical Association.

ARTICLE X.

Amendments.—This Constitution shall not be altered or amended, unless the proposed alteration or amendment be made in writing, at one stated meeting, and receive the assent of two-thirds of the members present at the subsequent stated meeting.

BY-LAWS.

1st. Each Member, before being admitted to the full privileges of membership, shall pay an admission fee of One Dollar.

2d. An assessment, of not more than Fifty Cents upon each member, may be made annually, by a concurrence of a majority of the members present.

3d. Any member refusing to pay the amount of his assessment, when applied to for the same by the Secretary, shall be reported to the Society as delinquent; and in case payment be not made within the year thereafter, he shall forfeit his membership.

4th. No Member shall be permitted to resign, until all dues to the society have been satisfied, or while charges are pending against him.

5th. At the annual meeting, the election of officers shall be the first business in order, after reading the minutes of the last meeting and the admission of new members.

6th. Regular elections shall be by ballot, and a plurality of all the votes shall be necessary, in all cases, to constitute an election.

7th. All special committees, excepting when otherwise ordered by a vote of the Society, shall be nominated by the presiding officer.

8th. No Member shall be permitted to speak more than ten minutes in miscellaneous debate, nor oftener than twice upon the same subject without the consent of the Society.

9th. These By-Laws may be altered or amended at any time, by a vote of three-fourths of the members present at any regular meeting.

CODE OF MEDICAL ETHICS.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS.

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of their office, reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity.— They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are, in general, requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease.

But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary considerations.

§ 6. Consultations should be promoted in difficult and protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ARTICLE I.

DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.—

§. 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness.—He should therefore observe strictly, such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well being, and even to the life of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made; to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts.—These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER. § 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of his wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassment, or interfere

with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ARTICLE III.

OF THE DUTIES OF PHYSICIANS AS RESPECTS VICARIOUS OFFICES.—

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interests and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ARTICLE IV.

OF THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.—

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations, the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

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§ 2. In consultations no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which, the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place, for deliberation; and the one first in attendance should communicate the directions agreed upon, to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by the common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent, unexpected change in the character of the case may demand. But such variation, and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency,

or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing and under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstance prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ARTICLE V.

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE. § 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty, in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit, for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion, is to give advice adapted to present circumstance; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery, is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.

OF DIFFERENCES BETWEEN PHYSICIANS. § 1.—Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy, and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences, nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.

OF PECUNIARY ACKNOWLEDGMENTS. § 1.—Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC.

ARTICLE I.

DUTIES OF THE PROFESSION TO THE PUBLIC. § 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases, and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroner's inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services: but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries

sustained by the unwary from the devices and pretensions of artificial empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

FEE-BILL

OF THE

MEDICAL SOCIETY OF S. W. N. Y.

1. Professional Advice—not less than 75 cts.
2. Rising at night, and professional advice at physician's residence or office—not less than \$1 00.
3. Venesection, Lancing small abscesses, boils or felons, extracting Teeth—not less than 25 cts.
4. Cupping, Inserting scatoons or issues, 50 cts: Same service rendered at physician's residence or office in the night—not less than \$1 00.
5. Professional visit, within half a mile of physician's residence—not less than 75 cts.
6. When two or more are sick in the same house, 50 cts. for each after the first shall be charged for advice.
7. Rising at night and professional visit within half a mile of physician's residence—not less than \$1 25.
8. Detentions beyond a reasonable time, *in ordinary cases*—for each hour absolutely spent in the service of the patient—not less than 50 cts.
9. Consultations within half a mile of physician's residence \$2. Subsequent consultations in the same case \$1 00: Consultations beyond the limit of half a mile—traveling fee to be added.
10. Ordinary surgical assistance at Physician's residence or office, such as dressing *small* wounds, opening large abscesses. Excisions of small humors. Removing foreign bodies from the eye ear or nose—not less than \$1
11. Amputation of small limbs, reducing Hernia by taxis, closing fresh wounds requiring ligature of artery. Operation for hare lips. Removing sequestra of necrosed bones or carious portion of bones, Tenotomy, Radical cure of Hydrocele, Paracentesis of thorax or abdomen, excision of tonsils, Removal of encysted mammary tumors, Operation for Fistula in Ano, Removal of Uterine Polypus—\$5 to \$15.
12. Capital operations, such as Amputating large limbs or Mammary glands, Lithotomy, Trepanning, Operation for cataract, or Excision of large tumors.—\$30 to \$50.
13. Reducing luxated femur—\$20.
14. Reducing luxated elbow joint—\$10.
15. Reducing luxation of other large joints—\$5.
16. Reducing Fracture of thigh and application of retentive apparatus \$15.
17. Reducing Fracture of the leg and applying retentive apparatus \$10.
18. Reducing Fracture of arm and applying retentive apparatus \$5.
19. Subsequent dressings, Fractured thigh \$1,50, Fractured leg \$1 Fractured arm 50cts, in addition to traveling fee.
20. Vaccination—50cts.

21. Passing Catheter or boujie, \$1.
22. Case Gonorrhoea \$5 to \$10, case Primary Syphilis \$10 to \$20, case of secondary Syphilis \$15 to \$50.
23. Cases of Midwifery including Abortions and Premature delivery, if in the day time \$5, if in the night \$6. If physician is not present until after the delivery of the placenta, he shall deduct \$2 from the above amounts.
24. In cases of Midwifery when the physician is detained longer than six hours, he shall be entitled to 50cts. for each hour so detained.
25. Twin cases \$1 extra, Turning \$3 extra, use of Forceps \$5 extra.
26. It frequently happens in obstetrical cases that the physician is applied to several hours and even days before the confinement of his patient, and desired to remain at home or near at hand. When a practitioner complies with this request he shall be entitled to \$3 for every 24 hours so retained.
27. Consultations in Obstetrical cases, in the day time, \$4, in the night time \$5.
28. Visit beyond the limits of $\frac{1}{2}$ mile of physicians residence the same as within that limit, with the addition of 25cts. per mile traveling fee if in the day time, or 37 $\frac{1}{2}$ cts. if in the night or over bad roads or in inclement weather.
29. Physician's may charge for Medicines or Instruments furnished their patients a fair equivalent for the same.
30. No member of this Society shall undertake to render professional services to any person or family, by the week, month or year for any specified sum, excepting cases of Gonorrhoea and Syphilis before mentioned.
31. It shall be the duty of members of this Society, to present to their patrons an account of services rendered at least as often as once a year.

OFFICERS AND MEMBERS.

DR. G. W. HAZELTINE, President.
 " L. V. AXTELL, Vice President.
 " WM. SMITH, Secretary.

DR. SAMUEL FOOTE,*
 " S. J. BROWN,
 " J. ELLSWORTH,
 " O. C. GIBBS. } Executive Committee.

M E M B E R S .

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 " S. J. BROWN, Busti, N. Y.
 " ALEXANDER BOYD, Frewsburg, N. Y.
 " L. V. AXTELL, Jamestown, N. Y.
 " WILLIAM SMITH, Falconer, N. Y.
 " P. D. FITCH, Warren, Pa.
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 " THOMAS, Dewittville, N. Y.
 " COCHRAN, Westfield, N. Y.
 " C. E. WASHBURN, Fredonia, N. Y.

* deceased.

